Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/589,789			ing Date 01/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR		NL	NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))		N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A			N/A		ı	N/A		1	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))				N/A		N/A		1	N/A		]	N/A		
	FAL CLAIMS CFR 1.16(ii)		minus 20 =		•		l	x \$ =		OR	x s =			
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			•			X \$ =		1	X \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and 3				n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)													ER THAN ALL ENTITY	
AMENDMENT	06/06/2011	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 14		Minus	20		= 0	ı	x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	•1	•1		3		<b>=</b> 0		X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIN REMAIN AFTE AMENDN	ING R		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*		Minus	:		-		x \$ =		OR	x s =		
	Independent (37 CFR 1 16(h))			Minus	***		-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))										]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))							l			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Hichest Number Previously Paid For "IN THIS SPACE is less than 20, enter "20".									TOTAL ADD'L FEE Legal II	nstrument Ex	or amin	TOTAL ADD'L FEE er:		
***	the "Highest Numb f the "Highest Numb "Highest Number P	er Previous	sly Paid	For' IN T	HIS SPA	CE is less	than 3, enter "3".		/DORR	ETTA BROOF	(S/			

This collection of Information is equiend by 37 CFR 1.16. The information is sequiend to obtain or retain a brond thy the public within his is followed by process) an application. Condificiantly by governed by 38 USE 1.28 and 37 CFR 1.4. This collection is estimated to their bet 2 minutes to complete including pathenity, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the sensor of time you require to complete the form and/or supposeions for reducing this burden, should be sent to the CHIP (Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.